

RETIRED INSURANCE AGENTS EXEMPTION FROM THE CONTINUING EDUCATION REQUIREMENT

I, _____, do hereby attest that I am now retired and not
active as a licensed insurance agent.

I also attest that as a condition of my retirement in year 2014 that I may receive commissions as I
no longer actively solicit any new or service any existing insurance for which I receive any type
of commission.

I further attest that I have no intention of soliciting or servicing any insurance business in the
future, and therefore respectfully request that I be exempt from fulfilling Continuing Education
requirements as prescribed under I.C. 27-1-15.7-2.

I further attest that if my current situation changes and I begin to actively solicit or service
insurance business for which I receive commissions, I will immediately notify the Indiana
Department of Insurance of my change in status. The Department will rescind the twenty (20)
hours of CE exemption which I am now seeking, and I will be considered as an active and
licensed insurance agent for the purposes of the continuing Education requirements prescribed in
I.C. 27-1-15.7-2.

I also understand that if I fail to notify the Department of Insurance of my change in status and I
am found to be actively involved in the insurance business, I will be subject to administrative
sanctions imposed by the Department.

Signature: _____

This document has been signed by me on the _____ day of _____, 2014.

License Number(s) & Expiration Date(s)

Street Address

City, State, Zip Code

Email

Phone

Subscribed and sworn to before me this _____ day of _____, 2014 in the county of

_____, State of _____.

Notary Public: _____

My commission expires : _____